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THE CANADIAN NURSE

AND HOSPITAL REVIEW

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A Monthly Journal for the Nursing Profession in Canada

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Smallpox *

By DR. W. L. HUTTON, M.O.H., Brantford

During the last few months various societies have been celebrating the centenary of three great men, Pasteur, Mendel and Edward Jenner. It is doubtful if any age can boast of any three men who have conferred such great benefits upon mankind as these three individuals, and it seems peculiarly fitting that we should give a paper on smallpox, to-day.

It is hard for us to-day to realize the extent of and the ravages caused by smallpox in days gone by, and this is my excuse for quoting from a medical book written by Dr. Wm. Buchanan and first published in the year 1783. Dr. Buchanan says:

"Such as have not had the smallpox in the early period of life are not only rendered unhappy, but likewise in a great measure unfit for sustaining many of the most useful and important offices. Few people would choose to even hire a servant who had not had the smallpox, far less to purchase a slave, who had the chance of dying of this disease. How could a physician or a surgeon, who had never had the smallpox himself, attend others under that malady? How deplorable is the situation of females, who arrive at mature age without having had the smallpox. A woman with child seldom survives this disease: and if an infant happens to be seized with the smallpox upon the mother's breast, who has not had the disease herself, the scene must be distressing. If she continue to suckle the child, it is at the peril of her own life, and if she wean it, in all probability it will perish. How often is the affectionate mother forced to leave her house and abandon her children at the very time when her care is most necessary? Yet, should parental affection get the better of her fears, the consequence would often prove fatal. I have known the tender mother and her suckling child laid in the same grave, both untimely victims to this dreadful malady. But these are scenes too shocking even to mention. Let parents who run away with their children to avoid the smallpox, or who refuse to inoculate them in infancy, consider to what deplorable situations they may be reduced by this mistaken tenderness. As the smallpox is now become an epidemical disease in most parts of the known world, no other choice remains but to render the malady as mild as possible. This is the only manner of extirpation now left in our power, and though it may seem paradoxical, the artificial method of communicating the disease, could it be rendered universal, would amount to nearly the same thing as rooting it out. It is a matter of small consequence whether a disease be entirely extirpated or rendered so mild as neither to destroy life nor hurt the constitution; but that this may be done by inoculation does not now admit of a doubt. The numbers who die under inoculation hardly deserve to be named. In the natural way, one in four or five generally dies; but by inoculation not one of a thousand. Nay, some can boast of having inoculated ten thousand without the loss of a single patient. I have often wished to see some plan established for rendering the salutary practice universal, but I am afraid I shall never be so happy. The difficulties indeed are many; yet the thing is by no means impracticable. The aim is great; no less than saving the lives of one-fourth part of mankind. What ought not to be attempted in order to accomplish so desirable an end?"

In an earlier work, "The History of Health," published by a Dr. McKenzie, we find these words: "In the natural smallpox how often are the finest features and the most beautiful complexions miserably disfigured. When the smallpox is epidemic entire villages are depopulated, markets ruined and the face of distress spread over the whole country.

"From this terror it arises that justice is frequently postponed or discouraged at sessions or assizes where smallpox rages. Lastly, with

regard to the soldiery, the miseries attending these poor creatures, when attacked by the smallpox on the march, are inconceivable, without attendance, without lodgings, without any accommodation: so that one of three commonly perishes."

What Dr. Buchanan and Dr. McKenzie have to say about smallpox in England at the close of the 18th century gives us some understanding of the deplorable conditions then existing, and we can readily understand the joy and hope with which the world received the announcement of Dr. Jenner's discovery of vaccination. The English Parliament voted a total of £30,000 to Dr. Jenner in recognition of his services to mankind, and this official recognition compares very favorably indeed with the meagre recognition which Dr. Banting, the discoverer of Insulin, has received from the Legislative Assembly of Ontario. From Jenner's day to this, vaccination has remained the only sure and certain obstacle in the path of the inward march of smallpox. No truth in the realm of preventive medicine is more firmly established than this, that recent vaccination confers immunity against smallpox, and probably no scientific fact has been more fiercely assailed by the forces of ignorance, prejudice and self-interest.

Vaccination has been described as an agent of civilization, but there is hardly a recorded and well-known example of the efficiency of vaccination in preventing and controlling smallpox, the truth of which has not been challenged by propagandists opposed to vaccination.

The well-known German figures, showing the mortality in Prussia from smallpox before and after the compulsory vaccination law of April 8th, 1874, have been challenged. These figures are illustrated in the accompanying diagram, and they show the remarkable effect of general vaccination in stamping out the great smallpox epidemic which started in 1870. The companion diagram shows the results in Austria, where compulsory vaccination was not resorted to. The rejoinder of the anti-vaccinationists to this remarkable demonstration of the value of vaccination and re-vaccination, takes the audacious form of a flat denial that the Prussia law of 1874 was the original compulsory vaccination law, that in point of fact the law really dated from 1835. As a matter of fact the Prussian law of 1835 referred only to soldiers in the army, and general compulsory vaccination was never the law in Prussia until 1874.

The propagandists opposed to vaccination have endeavored to discredit the remarkable success of the United States authorities in controlling smallpox by vaccination in the Philippines. The facts are that, before the American occupation of the Philippines, there had been an annual smallpox mortality of something like 40,000. In 1902, after the insurrection had been broken, an energetic vaccination campaign was inaugurated and all discovered cases were isolated. How successful this campaign was is shown by the statement that "the 19,000 deaths in 1903 fell

to 9,000 in 1904, to 4,000 in 1906, to 3,000 in 1910, to 1,000 in 1911 and to a few hundred annually from 1912 to 1916." In 1918 the smallpox deaths jumped to 14,574, and in 1919 to 45,873 deaths, and these increased mortality rates were hailed by the anti-vaccination propagandists as proofs that vaccination was a failure as a preventive of smallpox. Now the truth is that the Philippines had neglected systematic vaccination from 1909 to 1918. In the 1918 epidemic 93 per cent. of all deaths from smallpox occurred among those who were unprotected by vaccination. The records further show that 89 per cent. of the cases of smallpox occurred among unvaccinated children, the majority of whom were born after 1914. The record of the Philippine Islands is, therefore, only one more leaf in the book of Experience which teaches that primary vaccination and re-vaccination every seven years is the only measure which promises any smallpox protection to the peoples of this earth.

The subtle nature of these attacks upon the success of vaccination constitute one of the main difficulties with which health officers have to contend while combatting a smallpox epidemic, and any policy which tends to minimize the effect of anti-vaccination propaganda deserves the most careful consideration.

In dealing with a smallpox epidemic we, as health officers, are forced to follow one of three policies—either confine ourselves to isolation of the patient, and quarantine and vaccination of the other members of the patient's family, or second, invoke the powers of the Vaccination Act and require compulsory vaccination, or third, endeavor by a well-thought-out policy to surround each discovered case of smallpox by such a ring of vaccinated persons that the disease dies out for want of susceptible persons in whom to propagate itself. The first policy may be successful where smallpox has not gained a foothold in a community, but once smallpox has gained a foothold I believe this policy is doomed to failure. The second policy has never yet failed to arouse the most bitter opposition and unending troubles for the unlucky health officer. It is a curious reflection that England, who gave us Jenner and vaccination, has amply endowed us with disciples of the anti-vaccination cult. Mankind is not easily convinced of the necessity of submitting to an operation which undoubtedly causes inconvenience, the certainty of the lesser evil—vacination—discounts the possibility of the greater evil smallpox. Smallpox itself is the great teacher of the value of vaccination and every health officer should record in his own community and point out the lessons which she teaches. It is probably true that health officers as a class are always ahead of public opinion on questions of disease prevention, but no health officer can afford to be so far ahead of public opinion that he converts public support into public opposition.

The extensive powers which the Vaccination Act places in the hands of health officers may some day be needed, and when those powers need to be exercised, the public will stand behind them. The recent experience

of Denver, Colo., where 190 persons died from smallpox between January 1st and November 18th, 1922, is the sort of epidemic where a health officer must use all his powers in order to quickly stamp out the disease. But I submit that where smallpox is of the mild type, which has been prevalent in Ontario for so many years, that we as health officers are well advised to reserve some of our powers and confine our activities towards securing the vaccination of all known contacts and endeavoring in this manner to stamp out the disease. And I suggest further that the recurring epidemics of mild smallpox during the last few years have been blessings in disguise. The keenest students of public health and the most reliable authorities unite in predicting that the present type of mild smallpox will change in the future to the more virulent fatal type, and when that change takes place we shall have good reasons for congratulating ourselves upon the lessons which mild smallpox is teaching today, and upon the host of vaccinated individuals resulting therefrom.

In Brantford our policy consists in isolating the patient usually in the smallpox hospital, in quarantining and vaccinating the members of the patients' family and in endeavoring to secure the vaccination of all contacts of the patient and all contacts of the other members of the patient's family, and all contacts of any one who has been especially intimate with the patient. In pursuance of this policy, where the patient or a member of the patient's family is a school child, we have the school nurse look for vaccination marks on all the children in this classroom. Those showing good marks are allowed to remain at school. The rest are sent home with instructions that they may return to school at any time provided they return with a doctor's certificate that they have been recently vaccinated, and they are instructed that failing this certificate they must remain home for two weeks. This policy results in the vaccination of large numbers of children, and when smallpox results among the unvaccinated the cases are soon discovered by the follow-up work of the school nurses.

When the patient or a member of the patient's family works in an office, store or factory, the manager of the business is approached and requested to exclude from his premises all employees who have not been vaccinated within the preceding seven years. The excluded employees are at the same time informed that they may return to work at any time provided they return with a doctor's certificate that they have been recently vaccinated, and they are instructed that failing this certificate they must remain home for two weeks—the incubation period of smallpox. Managers, as a rule, are only too anxious to co-operate with the health department in stamping out smallpox, and the mere suggestion of the possibility of having to close the office, store or factory, invariably identifies the manager's viewpoint with that of the health officer. Facilities for free vaccination are coincidently provided by the local Board of Health, and large numbers avail themselves of this privilege and add to

the number of protected individuals. And in addition guards are placed to watch any irregularly visit to quarantined homes.

The above policy, carried out logically, becomes increasingly effective the longer smallpox lingers in the community. Each fresh case adds to the number of protected, recently vaccinated individuals, and even the unvaccinated are benefited by the vaccination condition of those who have submitted to this minor operation. As a distinguished Frenchman has said: "The name of Jenner, like the sun above us, shines upon all the peoples of the earth, and has no regard for race or creed or frontiers."

*Read at the annual convention of the Ontario Health Officers' Association 1923.

RESURRECTION

She heard the wind go moaning
O'er the barren wastes of snow,
And saw the ghostly "Shadow dance"
As a lamp swung to and fro,
And whirling drifts came madly
As an onward rushing foe.
Within her heart grew black despair,
Death rode as conqueror everywhere.
Without, beneath his feet,
A trampled world a-lying
Within, among the shadows,
He triumphed o'er the dying.
Alas! oh God! alas! that he so young must die.
And shivering she heard the hurricane go by.

Then suddenly came memory,
So wonderfully sweet,
All-conquering, all-pervading,
Swift, as on winged feet.
And she stood there all enraptured,
That Heaven-sent friend to greet,
And gazing thus with radiant eyes
Saw not the storm, but summer skies,
And June sun pouring glory
Adorn a country lane,
O'er opening lilacs jewel-decked
By softly falling rain,
She quickly bent her down a feeble voice to hear,
And smiling eyes looked up
And, oh! no longer death, but God
Seemed everywhere.

Romance of Montreal General Hospital

Dr. F. J. Shepherd, who has been associated with the Montreal General Hospital for over half a century, and whose father was vice-president of the institution before him, dwelt affectionately on the traditions of the hospital in the course of his talk, entitled "The Romance and History of the Montreal General Hospital," which he gave yesterday afternoon in St. George's Parish Hall under the auspices of St. George's Women's Organization.

Many of Montreal's older citizens for whom the growth of Montreal institutions holds peculiar interest, were present at the meeting. Doctors of the hospital, and also those in private practice, were among the attentive listeners to the retrospective talk of Dr. Shepherd. Archdeacon Paterson-Smyth presided.

Women were responsible for the first steps in the organization of the Montreal General Hospital, it was pointed out, the Ladies' Benevolent Society, which still exists, being the originators of the early beginnings. The beginnings could be traced to the movement of immigrants to this country after the battle of Waterloo, when numbers were stranded in the city of Montreal, which at that time had a population of about 16,000. Soup kitchens and schooling places were started by the Ladies' Benevolent Society for the benefit of these immigrants, and the necessity of beds for the sick poor was soon realized. A little house was found where four beds were available for the sick. Sometime later a house on Craig street, just east of Bleury, was taken over, where 24 beds were established. This was the year 1819, which is recognized as the first year of the Montreal General Hospital, the society handing over the maintenance of the house then to a group of citizens.

In 1820 public subscriptions were taken up for the erection of a bigger place, and a lot was bought where the present hospital stands. Work was started, and the laying of the cornerstone was a notable event. In 1822 the hospital was opened, with 19 small wards and 100 beds. It cost £5,886 and £2,200 was raised, the difference being subscribed by three prominent citizens.

Opposition Led to Duel

Some difficulty was found in obtaining the hospital charter. An Irish member of the House, named O'Sullivan, strenuously opposed granting it. His opposition terminated in a duel with Dr. Caldwell, a supporter of the hospital scheme. Five shots were fired, Caldwell suffered a broken arm, and O'Sullivan suffered a bullet wound through the lungs, from which he recovered. The charter is dated 1823.

In 1824, organization of a medical school for the training of medical students, the first of its kind in Canada, was started. It was known as the Montreal Medical Institute, and marked the beginning of the medical faculty of McGill University in 1829.

Construction of the Richardson wing in 1831, in memory of the Hon. John Richardson, president of the hospital for its first ten years, added to the accommodation of the hospital.

In 1832 cholera broke out in Montreal, causing 20 and 30 deaths a day in the city, then having a population of 30,000. Another epidemic came in 1847, when ship fever swept the district.

Praised Molson Family

In 1848 the Reid wing was added. In 1886 the property in front of the hospital at that time was bought by two prominent supporters of the hospital, to provide more light and air for the hospital. In 1867 an infectious hospital was started, William Molson contributing half the cost. The work of the Molson family for the hospital was praised at several junctures by the speaker, and he noted with pleasure that the president now, Herbert Molson, is keeping up the same interest.

In 1874 the Moreland wing was started, to provide a children's hospital. Antiseptic surgery was utilized for the first time in the hospital in 1877. The Greenshields and Campbell wings followed, and a generous gift of $100,000 made possible the fine operating room of the institution.

The speaker observed at this point that the cost of patients in 1873 was $14 a year, which was considered high. Now it is $4 a day. In 1873 there were 1,922 indoor patients with about 11,000 outdoor patients. To-day there are about 158,000 outdoor patients a year, with 6,000 or 7,000 indoor patients. In those days the patients felt badly treated if porter or wine, or whisky, was not provided as part of their treatment. To-day, it is used in the hospital only for medicinal purposes.

The large new wing of the hospital was completed in 1912, the cornerstone being laid by Earl Grey in 1910.

"The men who made the Montreal General Hospital are the men who made Montreal," said Dr. Shepherd, referring to the long list of venerable and prominent names associated with the history of the institution.

—*Montreal Gazette.*

Follow the true course of your life—but keep your eyes open for all beautiful sights, and the ears responsive to all harmonious sounds, as you go steadily forward.

Methods of Instruction of Students Preparatory to Operating-Room Work

By B. W. Dobson, Supervisor of Surgery, University of California Hospital

One of the biggest problems of O. R. work is that of instruction of pupils, preparatory to being actually included in an operating team.

I do not think that it is possible to give a student a fair training in surgery by depending upon practical instruction given by the graduate supervisors as she progresses through her surgical service. There are too many routine demands upon the time of both the graduate and the student to make this a systematic instruction—it is too piecemeal and lacks the proper correlation. By this method, for the student learns by her mistakes, continually hampering the efficiency of the team—if she is fairly versatile she will grasp the various details with little trouble, but as many students are not fitted for operating room work, but must nevertheless have a certain amount of it to give them a foundation—these individuals struggle through the service in the most passive way possible, getting little out of it and giving little.

I think that with a few exceptions all students should do major scrub work. Of course, the plan of having graduates do it is much easier and takes much less supervision, but on the other hand the individual student will never be developed into a good scrub nurse by scrubbing behind the table, and it often takes considerable responsibility to draw out a student's capabilities.

Several methods of instruction are being used. The plan of having an instructor in operating rooms seems to me to be a very good one. It is one with which I have had no experience. Lectures on surgery by a surgeon give the student a general idea of the common operations, what is done and why.

The method that I have used and found to be the most satisfactory is that of a series of lectures and practical demonstrations given by the supervisor of surgery to the class just before their assignment to surgery. This has the disadvantage of lapse of considerable time between class work and practical work in the O.R. for some students.

These classes, as I have planned them, include instruction in the following subjects, the thoroughness of details depending upon the number of hours granted to the course:

Brief talk on operating room nursing, requirements, possibilities, rewards.

Definition and explanation of technic.

Operating suite, plans of, essential features and fixtures, furniture sterilizers.

Care and cleaning of O.R. before and after use, care after infected cases.

Making, wrapping, sterilizing supplies.

Sterilization—methods.

Personnel of the operating room, various members of team, positions and duties of each.

Scrubbing up for operations, methods of hand disinfection.

Gown technic, glove technic.

Brief talk on scrub-up work, what is expected of nurse, her duties and technic at table.

Names and classes of instruments and uses.

Care of instruments.

Care of gloves, methods of sterilization.

Choosing of sets for various operations.

Kinds of drains, making and sterilizing.

Sutures and ligatures, classes of, sterilization and uses of.

Care and sterilization of syringes and needles.

Positions and draping patients on operating table for different kinds of operations.

Various methods of preparation of field of operation.

Operative emergencies. Drugs to have on hand.

Preparing and giving hypodermoclysis intravenous infusion. Preparing for transfusion.

Demonstration of preparing a room for operation, explaining steps.

Anaesthetic tray.

Cauteries, uses, kinds and care of.

Electric equipment, uses, demonstration, and care of.

Gauze count, importance, methods.

Care of specimens and cultures.

This plan, giving the student a basis of lectures on surgery by a surgeon, series of lectures on operating room technic by a surgical supervisor, gives the student a very good general foundation on which to build. Notes should be required on these lectures and the pupil encouraged to make use of them by quizzing in the daily morning conference. This daily conference mentioned, I consider very valuable not only for assigning work for the day but for bringing up points in technic, quizz-

ing concerning operations and the various steps, explaining unusual procedures, and altogether making an effort to correlate the instruction already received with the practical work at hand. In order to stimulate interest, I think it an excellent idea to have on the surgical floor, at the student's disposal, test books on operative surgery, gynecology, two or three on operating room technic and a medical dictionary.

Then the duty of the assistant supervisors is close supervision of the operating rooms, the operating teams, and individual students with the idea in mind to give the most efficient service to the patient, to the surgeon and the best possible training to the student nurse.

—*The Pacific Coast Journal of Nursing.*

THE LAY OF THE HEALTH VISITOR

Anna Maria Sophia Jones
Was just a bundle of skin and bones—
The sort of woman you often meet,
With knobbledy fingers and large, flat feet;
Her hair was dragged behind in a bunch,
And she had dinner when you have lunch.

The Government Lady came to the door,
With printed leaflets—dozens and more.
She spoke to Maria firmly and long,
And all that Maria did was wrong.
She oughtn't to peel potatoes and boil them—
To peel potatoes was only to spoil them;
She oughtn't to waste the pods of the pea;
She oughtn't to stew and stew her tea;
She oughtn't to feed her baby on bread
Before it had ever a tooth in its head.
(Anna Sophia, mother of five—
Three were dead, but two were alive—
Always had given her baby bread
Before it had ever a tooth in its head.)
She oughtn't to spend her money on drink;
She oughtn't to stuff up the drain of the sink;
She oughtn't to shut out air and light;
She oughtn't to close her windows at night.
(Anna Maria Sophia Jones
Always fastened her window-click;
Air in a bedroom made her sick.)

She oughtn't to buy herself ready-made clothes;
She oughtn't—she oughtn't—oh, goodness knows!
Before the Government Lady had ended,
Anna Sophia was highly offended.

Anna Maria Sophia Jones
Was just a bundle of skin and bones—
The sort of woman you often meet,
With knobbledy fingers and large, flat feet;
Her hair was dragged behind in a bunch,
And she had dinner when you have lunch.
But Anna Maria had spirit within her—
The spirit that makes a saint of a sinner;
When she saw what was right she went and did it,
And then, if need was, afterward hid it.
Anna Maria Sophia Jones
Asked, in dull and colorless tones,
The Government Lady to walk inside,
Opened the door of the passage wide;
Took a chopper and hit her hard,
And buried the body in the yard.

—E. C., in *The Modern Hospital.*

Hospital Library and Service Bureau, Chicago, of which Miss Donelda R. Hamlin is director, has compiled a bibliography of National Hospital Day. This includes material of all kinds published in hospital and nursing journals, and a number of articles among other features. The National Hospital Day Committee, of which Matthew O. Foley, 537 South Dearborn Street, Chicago, is executive secretary, urges all hospitals to study this bibliography carefully, since many of the articles are illustrated, and all of them contain ideas and suggestions suitable for a programme for almost any institution.

A pessimist and an optimist were once discussing this world. The pessimist brought, as he thought, the discussion to a triumphant conclusion by saying, "Well, I believe I could have made a better world than this is, myself." "True," replied the optimist, "that is what we are here for. Now let us go out and do it."

Editorial

Among the topics presented for the C.N.A.T.N. to discuss at the convention in June, we find that of a second type of nursing service appearing again. While the need for some form of housekeeping assistance during illness is certainly a most pressing need, and also, perhaps for someone with some knowledge of nursing precedures, it would appear that much could be done now with the practical nurses we have; with those who have only special training, and with the unknown quantity—the "undergraduate"—whoever she may be, who is abroad these days, if our registries, governed as they are by graduate nurses, would take the women nursing who are not graduates and place them where they can do the work they are fitted to do, and yet be kept to these cases and not allowed to trade, as some of them do to-day, on the term "Trained Nurse" or "Undergraduate," and present themselves for all sorts of work. They do have their place undoubtedly, but should not be taken care of by commercial registries. It will be difficult to do, but nurses have themselves always solved their own problems, and this is certainly one. Once form a branch association with registries in charge of a registered nurse, with possibly some attempt made to give them assistance in self-improvement by institutes, etc., we might build up a corps of valuable women, and still refrain from the very difficult task of providing sufficient training in hospitals where there are no training schools for a new type of nursing service, with the danger of exploitation of these women, and a confusion in the eyes of the public between the registered nurse trained in the regular school of nursing and the nursing attendant, housekeeper or, call her whatever you will, trained in a hospital without a school for nurses. It is to be hoped that all delegates will come with fullest information as to conditions in each province, possibilities of opportunities to train a secondary type of nurses, and with open minds for practical solution of this vexed question.

* * * *

The Editor has just received a telegram from the President of the Canadian Association of Nursing Education that a Convention of the members of that organization will be held in Hamilton June 25th to 27th, immediately following conclusion of Canadian National Association of Trained Nurses' Convention.

BIENNIAL MEETING, 1924.

At a recent meeting of the Executive Committee, Canadian National Association of Trained Nurses, it was decided that the programme of the biennial meeting, which is to be held in Hamilton, Ont., June

23rd-25th, should be limited in regard to special papers and addresses. The tentative arrangements are that a joint open meeting of the Canadian Association of Nursing Education and the Canadian National Association of Trained Nurses shall be held on Monday evening, June 23rd; the first business session to be held Monday morning, commencing at 10 o'clock, and the final session to be held on Wednesday afternoon. Thus allowing the members who wish to attend the opening sessions of the American Social Service Conference time to reach Toronto for June 26th.

Arrangements have been made to hold all sessions in the Royal Connaught Hotel. Reservations for accommodation can be made at this hotel, the rates for which are:

NEW RATE CARD FOR 1923-4

Single Room H. & C. W.	$2.00	Double $4.00
Single Room S. Bath	2.75	
Single Room S. Bath	3.00	
Single Room with T. Bath	2.75	
Single Room with T. Bath	3.00	
Single Room with T. Bath	3.50	Double 5.00
Single Room with T. Bath	4.00	Double 6.00
Single Room with T. Bath	5.00	Double 7.00
Double room with tub-bath and twin beds		7.00
Parlor, Bedroom and Bath,	$10.00, 12.00 &	15.00
Sample Room with bath		4.00
Sample Room with bath		4.50
Sample Room with bath		5.00

OUR CLUB BREAKFASTS

45c and 75c

Luncheon, $1.00 Dinner de Luxe, $1.00

Lomas' Famous Orchestra

A. E. CARTER, Manager

CEMENT FOR CHINA

Mend thin china with white of egg and quicklime. Beat the egg stiff, coat clean edges thickly with it, dust with powdered unslaked lime, press hard together at once, and fasten firmly. The lime sets as in mortar. Sandpaper the break after a week.

Letter to The Editor

Madam,—In the current issue of *The Canadian Nurse*, Miss Elizabeth Russell, in a letter addressed to the Editor, claims that Manitoba has the lowest infant mortality in the Dominion for the year 1922.

I am enclosing a table taken from the Preliminary Report, Vital Statistics, Canada, 1922, published by the Dominion Bureau of Statistics

"Palman, quae meruit, ferat."

Yours faithfully,

HERBERT B. FRENCH,
Deputy Registrar, Births, Deaths and Marriages,
Victoria, B. C.

Provinces.	Infant Deaths. 1922.	1921.	1920.	Rate per 1,000 Births. 1922.	1921.	1920.
Prince Edward Island.	150	180	184	73.0	83.5	80.0
Nova Scotia	1,225	1,311	1,536	97.3	100.7	116.5
New Brunswick	1,188	1,299	1,454	103.7	113.3	134.9
Ontario	5,910	6,763	7,497	82.9	91.2	103.7
Manitoba	1,666	1,533	1,882	94.2	83.0	102.7
Saskatchewan	1,874	1,814	1,958	85.6	80.6	85.7
Alberta	1,430	1,391	1,545	90.0	84.0	93.5
British Columbia	626	602	638	64.6	56.5	60.8
Totals.....	14,069	14,893	16,694	86.6	88.1	100.1

THE GRADUATE NURSE

By M. H. WINDSOR

Clear eyed, with thought marked on her brow
Her long, hard tasks well done,
The white-robed nurse stands to receive
The honors she has won.

Henceforth she walks by beds of pain
And fevered lips—to such
She ministers and comfort brings
With tender healing touch.

Through quiet watch of day or night
She cheers with kindly word
The weary sick and lonely ones
This daughter of the Lord.

The World's Pulse

By Elizabeth Robinson Scovil

Leprosy

An appeal has been made for funds for the purpose of stamping out leprosy in the British Empire. The disease is not hereditary, and the persistent use of suitable injections of chaulmoogra oil, cod liver oil and other oils will cure it. Money is required for research work to cheapen and simplify the treatment. Sir Leonard Rogers, who has spent a life-time in the search for a cure of the disease, has found in the fatty acids of these oils and a preparation called marrhuate of sodium a remedy that destroys the bacillus.

Quadruplets

Four children, a boy and three girls, born in St. John, New Brunswick, at Christmas, are thriving and doing well. The smallest, weighing a little over three pounds at birth, has gained a pound. Their food is under the care of a nurse from the Health Centre, who regulates their diet and oversees their bath. Some years ago four boys were born in Toronto at one birth, who lived to manhood. They were named Matthew, Mark, Luke and John.

Sight Without Eyes

A Frenchman, M. Jules Romain, confidently asserts that by practice with intense and fixed attention we can see with tiny microscopic eyes in the skin. He assures us that properly trained attentive subjects can read a book, or newspaper, at ordinary speed. He states that a person totally blind manifested symptoms of eyeless sight at the fourth or fifth sitting. M. Anatole France vouches for the genuineness of a demonstration given at his house a year ago.

The British Empire Exhibition

The wonders to be seen in this great Exhibition are continually increasing. A large number of loads of the blue loam from which diamonds are mined is being brought from South Africa, and the stones will be dug from it in view of the public. Two million electric light bulbs are being placed in position. The stadium is one and a-half times the size of the Colisium at Rome. The palace of engineering is the largest concrete building in the world. This and the palace of industry cover an area twelve times as large as Trafalgar Square. There will be a complete coal mine with pit ponies, underground stables, washeries and coal, showing the most up to date mining apparatus in operation. Two million visitors are expected.

Recognizing Russia

Great Britain has formally recognized the Union of Socialist Soviet Republics as the rightful rulers of those territories of the old Russian Empire which acknowledge their authority. The Russian Government has been invited to send to London representatives to discuss all matters under consideration, with full power to act. Lenin has been succeeded by Rykoff, an engineer, who was one of his deputies.

Arctic Exploration

Capt. Bernier is to command the steamer "Franklin," recently purchased by the Canadian Government for Arctic exploration. In view of the proposed polar trip of the airship "Shenandoah" in the interests of the United States, government officials will be authorized to take formal charge of islands already discovered and to establish a number of new posts.

A Valuable Cargo

A hundred pounds of platinum, valued at about $250,000, was taken by airplane from London to Paris. In three and a half hours after it was taken from the bank it was delivered to its owners.

The Will to Live

A patient in a London hospital kept himself alive by sheer force of will for six weeks. He was suffering from a malignant growth and an operation was impossible. The surgeon said he could not live more than a week or ten days. A cable was sent to his youngest son in Australia, requesting his return. The father kept a map of the route beside his bed and every day marked the ship's position. He was greatly excited the day it reached Southampton. His pluck deserved its reward, but he died about an hour before his son reached him.

The Canadian Royal Wedding

Prince Erik of Denmark, who married Miss Lois Booth, of Ottawa is a nephew of Queen Alexandra. After visiting King Christian in Copenhagen, the newly married pair will take up orange growing in California. Prince Erik once worked on a farm in Gloucestershire.

Gibraltar Obsolete

Modern submarines and aircraft have taken from Gibraltar the command of the entrance to the Mediterranean. It has passed to Tangier, across the straits. This town, now under French control, once belonged to Great Britain, having come to her in 1661 as part of the dowry of Charles II.'s Portuguese queen. Lord Dartmouth gave it up some twenty years later. In theory the place is international, and no military are permitted in a certain area around it, but a European war might make it a formidable factor in international politics.

Public Health Nursing Department

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Vice-Chairman—Mrs. Charlotte Harrington, 104 Spark Street, Ottawa, Ont.
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Address public health news items to the nurse who represents your province on the Publication Committee. Miss M. E. Wilkinson, Ontario Red Cross, 410 Sherbourne Street, Toronto, Convenor.

Nova Scotia—Miss Richardson, 6 Pepperill Street, Halifax, N. S. **New Brunswick**—Miss H. Meiklejohn, 134 Sydney Street, Health Centre, St. John, N.B. **Quebec**—Miss Collard, Child Welfare Association, Montreal. **Ontario**—Miss B. Knox, Provincial Board of Health, Spadina House, Toronto. **Manitoba**—Miss F. Robertson, 753 Wolseley Avenue, Winnipeg. **Saskatchewan**—Miss Marion Lindebaugh, Assiniboia, Saskatchewan. **Alberta**—Miss K. S. Brighty, care of Provincial Department of Health, Edmonton. **British Columbia**—Miss M. MacLean, 3151 Second Avenue, West, Vancouver, B. C.

Occupational Therapy in Canada

To many, occupational therapy is still a more or less perplexing term; to some, it conveys a vague idea of work with the sick, but, to those who have come into direct contact with it, occupational therapy means hours of pleasant forgetfulness and occupation.

Occupational therapy had been carried on to a slight extent in many mental hospitals for years, but its place had been very small. Its value began to be realized during the war when wounded soldiers were brought to convalescent hospitals to spend weeks, months and even years making a fight for life. What would be the mental state of these patients, torn and shocked, if something were not done to occupy their minds? Reading was fine; but how many could stand it for hours each day for endless days, and to many it held little appeal. The obvious solution was "something to do," and very quickly the hospitals in England became veritable factories, for the variety of articles which could be made by these partly disabled men was limitless.

As the wounded soldiers were brought back to Canada and military hospitals were opened, the need for aides in occupational therapy was

met by the combined efforts of the Department of Soldiers' Civil Re-establishment and the University of Toronto. The best of instructors in craft work were secured and classes opened. These courses consisted of lectures and practical work in weaving, embroideries, bead-work, wood carving, toy-making, metal work, basketry, book-binding and leather work. Lectures in designing and psychology were also a regular part of the course.

From this school, after some weeks of supervised work in the Toronto hospitals, the aides were gradually sent out to the various military hospitals which had been opened up from Halifax to Vancouver. From the first there was no question of the success of occupational thereapy in these hospitals. Something could be found for almost every patient to do, regardless of his disability; but versatility was required of the aide; her duties ranged from teaching the rudiments of reading to the man suffering from loss of memory, to teaching French; from the making of a doll's house to the re-binding of a well-worn Bible.

For those patients able to move about, a workshop was usually provided. Here male instructors were often in charge and occupational therapy was combined with vocational therapy.

In the mental hospitals work was carried on in much the same way, although variety was somewhat curtailed owing to the limited number of tools that could be taken into the wards. Let no one think that few mental patients could be interested in some form of occupation. In the worst ward of one hospital, a ward of about 30 patients, all but three were busy for at least a part of the day. Here, however, more aides were necessary, for more constant supervision was required.

After occupational therapy had become a regular part of the military and D.S.C.R. hospitals, and had for several years been demonstrating its value, it began to occur to medical men that what had been good for the soldier patient would be equally good for his civilian brother, and slowly but surely occupational therapy has been working its way into the civilian hospital, where it will inevitably become a common part of hospital treatment. Note might be made of the fact that it is most exceptional for a patient having once begun any form of occupation to drop back to the former state of idleness.

In the larger hospitals where the up-patients are numerous, a workshop is most practical. Here equipment may be provided and work carried on which would be impossible on the ward. But of course bed patients are the first consideration.

In Toronto there is an occupational therapy workshop in charge of qualified aides. Here the public may come and for a small fee take up any craft. Here, also, come numerous partly disabled people to learn and to work; the expenses of many of these are borne by bursaries.

But wherein, you will ask, lies the connection between occupational therapy and public health? The answer undoubtedly lies in the vast opportunities of field work. Imagine an aide going out to the homes of the shut-ins; to the mother whose skill in sewing is most limited—and the number of such is astonishing—who may be taught fine sewing and so be enabled to contribute to the household needs even while confined to her bed; to the blind man who is kept busy and happy with his reed work or knitting; to the mentally deficient child who may show unexpected skill in some line; to the tubercular patient whose weary hours are filled with pleasant occupation. And so the aide goes on her rounds, eagerly looked for, bringing with her help, encouragement, and new ideas, adopted to the particular patient.

Occupational therapy has been carried on at the Hamilton General Hospital during the past two years.

HELEN H. ELSLEY,
Occupational Theropist,
Hamilton General Hospital.

Social Service Department, Vancouver General Hospital

A Social Service Department in a general hospital has become a necessary adjunct, and has proved its value many times over, both from the medical and economic standpoint. There are still many medical men who do not fully understand the work such a department carries on. These men do not use it, but for many who see the benefit reaped both to themselves, hospital and patient, the Social Service Department has become a necessary part of their hospital work and is used constantly. In these men we have true sponsors, and they are gradually educating other members of the profession as to the benefits derived.

The Social Service Department of the Vancouver General Hospital was organized in 1912 with just the one worker. At that time it was not a part of the hospital. Its office was in the hospital for convenience sake, but the hospital had no jurisdiction over its workers. The Department was financed and run entirely by the Women's Auxiliary to the hospital. The Out-patients' Department was very poor, simply a makeshift, run by an orderly. One can readily see how hopeless it was to expand work. In 1920 a graduate of Public Health Nursing was made Director and the department taken over as an integral part of the hospital. It is still fiananced by the Woman's Auxiliary, but the department is under the hospital and training school. In order to expand the work, the Out-patient Department was taken over by the Social Service

Department, the Director taking charge. The work soon increased, and in less than a year a stenographer and assistant were required. Our staff now consists of the Director, Assistant Director, pupil nurse and stenographer, and for eight months of the year we have University students of Public Health taking their field work. We have had several voluntary workers who give us four mornings a week from 10 a.m. to 12 noon. It is essential for these voluntary workers to have had some business trainning, as they can help tremendously in typing the records, writing letters, etc.

The establishment of a Social Service Exchange, better known in some cities as a Confidential Exchange, has helped a great deal, and much duplication of work has thus been avoided.

The work carried on is much the same as in any hospital. The wards are visited daily; magazines and other reading material distributed; telephone messages taken, letters written; arrangements made for taking patients home, and various incidentals which crop up are straightened out. There is nothing more distressing than a patient ill and helpless, who is worried over little things and has no friends to whom to appeal. It is these patients we are able to help; when they know they have a friendly organization back of them, ready to help solve their problems, their peace of mind is at rest and their recovery hastened.

To sum up generally the work of the past year: 5,458 visits were made to the wards; 1,835 visits to the Homes; 3,667 consultations in the Out-patient Department; and 1,880 Social Service interviews. Milk has been distributed in large quantities; surgical boots, braces, belts, and elastic stockings are provided for those who otherwise would have had to go without; 13 babies were adopted into good homes and many layettes supplied; many patients who came into hospital with very little clothing were outfitted, so that they could start out again to battle against the world better equipped; and in many cases positions were found for those being discharged.

As the work of our City Relief Department is very limited, we have, out of necessity, had to give more relief than we feel ought to be given by a Social Service Department. Coal was sent to many families at Christmas time and clothing supplied to many others. In so many cases the children have no strong boots to keep out the rain. They are continually catching cold and losing school days, etc., so we have outfitted a number of children with new boots.

At Christmas time we arranged for hampers to be sent to 89 families. Many hospital patients were remembered, as well as children outside the hospital, where we were not sending hampers. We had a Christmas tree in the Out-patient Department, where 100 children were given stockings as well as toys and useful gifts of warm clothing. Only those

children who were not invited to any other Christmas tree were invited to ours.

We are very fortunate in having a splendid summer camp at Crescent Beach, owned and run by the Alexandra Orphanage Committee. We have the privilege of sending many of our mothers and children to this camp for two weeks, where they get a complete rest from housekeeping worries, and where abundance of good food is provided. This camp is financed for these summer outings by public subscriptions through the press, and the citizens have been very generous year after year in supporting this work. We sent 114 mothers and children to the camp last year, and it was most gratifying to see the wonderful benefits derived.

We are very fortunate in having a Ford car for our follow-up work in the homes. The district is very scattered, and our work is not confined to Vancouver proper, but takes in the surrounding municipalities. The distances are so quickly covered in a car, which enables us to do five or six times the work we could otherwise accomplish. We are particularly interested in the diabetics and following them up, and getting them to return for various necessary tests. We have six pairs of scales which we loan to those unable to buy their own.

Our work is greatly hampered by not having a convalescent home, where patients can have a few weeks' convalescence to enable them to get their strength back before resuming their various types of work.

The types of problems encountered are about the same as those in any other hospital Social Service Department. The placing of the convalescent being not least of these problems. The unmarried mother and the feeble-minded women are a constant worry, as we have no training school for feeble-minded girls where they could be under supervision and yet doing certain types of work to which they are suited, but we have great hopes for the future.

MARIE L. THOMPSON,
Director of Social Service,
Vancouver General Hospital.

Courses in Home-Nursing for Bell Telephone Employees

Classes in home-nursing were organized among the Bell Telephone Company employees and conducted by the St. John Ambulance Nursing Division, No. 19, under the Lady District Superintendent. Instruction in English was given by Miss L. C. Phillips, superintendent of the Montreal Foundling and Baby Hospital, who is also a nursing officer in the Bridgade, and in French by Miss Doucet, nursing sister of the C.A.M.C.

The classes opened with a roll call of four hundred young ladies, one hundred tried the examination set by the St. John Ambulance Association, and received certificates.

The course and examinations conducted under Dr. George Fisk proves most helpful to anyone called upon to assist in caring for members in one's own household and of great assistance to the doctor who finds an obedient, intelligent listener to carry out his instructions, also one who has been taught that she is *not a nurse*, but a woman who may be trusted to do as she is told.

The St. John Ambulance certificate does not confer the right to enter the nursing field as a professional nurse, or a trained attendant, but, by its further awards each year, spurs the First Aid and Home Nursing student to continue her studies in this interesting field.

NEWS ITEMS

QUEBEC

Miss M. Adrienne, St. Onge, R.N., is directing a Maternal Centre and Baby Welfare Station at Victoriaville, Que.

Miss Ann Curwell (M. G. H.), who graduated from the McGill School of Public Health Nursing, and was appointed Supervisor of Central District, Monreal V. O. N., is assisting Miss Shaw at the University for the balance of the term. Miss Curwell is giving half-time to the University and half-time to the Victorian Order of Nurses.

Miss E. MacDonald, who has been on Henry Street Staff for 18 months, has been appointed on the staff of the Victorian Order of Nurses, Montreal.

The V. O. N. regrets to announce the death of Miss Madge Blampin, of Granby, Que. Miss Blampin had been on the Montreal staff of the V. O. N. for four years, and in October, 1922, had to resign on account of ill-health. After a year and a half at Saranac Lake, she returned to her home in Granby, where she passed away February 20th, 1924. She was a bright, capable nurse, full of energy nd enthusiasm, and her untimely death is keenly regretted by her many friends in Montreal.

ONTARIO

The Toronto Branch of the Canadian Red Cross Society has appointed Miss Edith Fenton to be Director of Junior Red Cross for the City of Toronto. This makes the third Canadian city to have a full-time Director of Junior Red Cross. Calgary and Edmonton have previously made similar appointments. Miss Fenton is a graduate of the Hospital for Sick Children, Toronto, and of the Department of Public Health Nursing of the University of Toronto. Miss Fenton has had extensive public health experience with the Toronto Department of Public Health, the Massachusetts-Halifax-Health Commission, and the Maternity Centre Association of New York City. Immediately previous to her new appointment, Miss Fenton was Director of Nursing Service in the recently completed health survey of the children in rural districts near Hamilton, Ontario.

BRITISH COLUMBIA

Miss Isabel Jaffares (Winnipeg General Hospital), who has been with the Provincial Red Cross of this province for some time, has been appointed in charge of the Health Centre at Duncan, B. C., under the B. C. Department of Health.

Private Duty Nursing Department

National Chairman—Miss Edith Gaskell, 397 Huron Street, Toronto.

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Alberta Representative—Miss Agnes Kelly, 457 Twelfth St. N.W., Calgary, Alta.

British Columbia Representative—Miss M. L. McLeay, 1532 Comox Street, Vancouver, B. C.

The Nursing of Pneumonia

Lobar pneumonia is an acute infectious illness caused generally by the pneumococcus, that comes on suddenly and lasts about ten days. Bronchopnuemonia is a secondary illness; it may occur in measles, whooping-cough, scarlet fever, and so forth, or may develop in influenza outbreaks or in a person suffering from a common cold. Whilst they differ in their character and effects, the treatment is essentially the same. When the disease has started, no one can stop its course; the doctor who cuts short pneumonia, or drives it off, has been mistaken in his diagnosis. Such a mistake is quite a reasonable one to make.

The patient should be in a narrow bed, preferably on a Gatch frame, for the erect posture so obtained will materially assist his breathing. His clothing should be warm and loose, covering his whole body above the bed clothes. The exposure of the arms in the so-called "pneumonia jacket" is not advisable. A loose flannelette pyjama jacket is admirable. He should be spared effort as much as possible; assistance should be given in lifting him or turning him. It is best to give him lots of fresh air. Provided he does not cough from it, cold air is richer, more stimulating and improves his rest and appetite. Before he is examined by the physician, the room should be warmed. All sputum should be burnt; he should not be allowed to cough towards the nurse.,

The temperature is usually high; this is best treated by water within and without. Sponges or baths are especially desirable, if the fever goes above 102.5 degrees. The skin and the underlying blood vessels and nerves are stimulated, the circulation is generally benefited and delirium is much improved. Whilst the fever is usually the *signal* for baths, the reduction of the fever is not the end in view. The result desired is comparable to that obtained by a cold bath in the morning, in the well person; all processes of breathing, circulation, digestion and general feeling of well-being are improved. Therefore delirium or marked evidence of circulatory failure may be greatly improved by this stimulus applied through the skin. Following the bath, the skin is best cared for with the aid of cocoa butter, for it does not dry the skin as alcohol is apt to do and possibly crack it. An enema once a day will keep the intestines moving, and disturb the patient once only; a laxative may disturb him several times.

The fever is really a sign that the body is producing more heat than usual. The fire producing the heat must be fed or it will destroy, unduly, the tissues of the body. The food should be attractively prepared, varied and hot or cold as it is intended to be. He may have eggs in any form, custards, junkets, cornstarch puddings, ice cream, soups (especially thickened with cream), scraped beef or orange juice. It is important to give a fair ration of meat, meat soups and eggs to supply the protein loss. He should not have much sweetened foods, for the sugar will ferment and increase the difficulty of breathing by abdominal distension. He should always have lots of fresh water to drink beside him and be encouraged to drink. Whilst lack of appetite and desire to take fluids may be common, they can almost invariably be overcome by patience and persistence on the part of the nurse. She might be judged on her success in this field.

There is no specific medicine. The cough may be very severe and irritating, but it usually yields to *enough* codeia. That means half a grain under the tongue, repeated every twenty minutes until two and a half grains is given or relief obtained. For the pain in the chest so common in the disease, mustard plasters or strapping are usually effectual. The greatest caution should be used in mustard plasters. Many people, especially the fair or red-complexioned, are burnt by long applications. They should rarely exceed at first one-eighth in strength and be left on till the skin is reddened. That may be ten minutes or it may be one-half hour. At any rate the skin is available for further applications. If one or two applications do not produce relief, it is unlikely that any number will. Strapping is put on by the physicians; it should be taken off only after the use of gasoline or ether.

Stimulants are often used. Alcohol is believed to be bad, except with those who have been habituated to its use. Then they need it as a food—an ounce every three or four hours. In those who have not been so habituated, its use is followed by marked dilation of the minute blood vessels, a feeling of warmth, and with it all a lowering of the blood pressure. This lowering of the blood pressure is the one thing that it is

desired to prevent at all costs. Strychnia has its advocates, but just how it works is not known. In convalescence it is useful to increase the patient's appetite. Digitalis is rapidly gaining ground in popularity. It slows the heart, makes the output larger and stronger, rests the heart muscles and possibly has some effect in keeping up the blood pressure. It should be given in full doses. We had two Chinese who showed marked signs of digitalis poison, and though they were the only two to show severe signs of digitalis poisoning, they both did well. It cannot do harm and may do a great deal of good.

In collapse, pituitrin, caffein, and camphor are all employed. Venesection also is very beneficial. The nurse may be required to prepare for it. The arm should be sterilized rapidly; any delay is irritating and prejudicial to the patient, and alcohol or tincture of iodine may be applied. Then an incision is made over the vein and the blood allowed to flow into a vessel. Usually about 500 cubic centimetres, or 16 ounces, are removed and the cut stitched up.

The commonest complication is pleurisy with effusion. This usually begins in the back at the lower part of the lungs, and suspicion should be aroused that this complication is present if the fever continues high for over ten days, or if it rises again after having become normal. It is best to remove the fluid as soon as its presence is determined. Without the X-ray it is often a matter of the greatest difficulty to localize the fluid, and even this assistance is not always attended by success. The skin over the suspected area is cleaned, a local anaesthetic used, and an aspirating needle introduced. It is believed better practise to aspirate and fail to get fluid than to wait till the amount is large.

Hiccough may be serious. It prevents the patient sleeping or resting and greatly interferes with his taking nourishment. That there is no sovereign specific is shown by the large number of remedies that have been proposed. Ether by mouth and hypodermically, Hoffman's anodyne, atropine, benzyl benzoate, may all be tried. The hiccough is thought to be worst when there is a good deal of involvement of the pleura on the under surface of the lung, next to the diaphragm.

In the last few years use has been made of the serum prepared through the activities of Cole and others of the Rockefeller Hospital. Unfortunately the serum is only useful for about 20 per cent. of all cases, and it is not always possible to differentiate the patients until too late in the illness for the serum to be useful. It is highly inadvisable to use the serum until one is sure that the patient's infection is of the type that will be benefited by serum treatment. This serum is used intravenously, after due precautions have been taken to ascertain that the patient is not sensitive to horse serum. Occasionally deplorable results have attended its use in individuals who have had asthma or other forms of hypersensitiveness.

—FLETCHER MCPHEDRAN, M.D.

Pupil Nurses' Department

The Advantages of a Children s Hospital

During the last few years "His Majesty the Baby" has come into his own, and the question of child welfare is one of the most earnestly discussed problems of the day. There are pre-natal clinics, baby clinics, clinics for children of pre-school and of school age, all working for the same result, the preventing and checking of disease and deformity in children, to the end that we may have a healthy nation, and this not by the spartan method of ridding the nation of their weaklings, but by bringing healthy babies into the world and, where possible, making the delicate ones strong. Not so long ago many of the diseases of children were not detected until so far advanced that much time and money were needed to restore the child to normality, and often too late for anything to be done—and what happened to the poor child whose parents could not afford a doctor's care? He dragged on from bad to worse, an easy prey for the many diseases to which he was heir, eventually dying.

The introduction of school nurses and doctors into even the remotest districts has made a wonderful improvement, diseases that tend to become chronic are checked at the start, weak eyes are by proper treatment prevented from becoming worse, and the child with weak heart, lungs, etc., is singled out and given the cure his condition requires, and the parents are visited by the nurse and their co-operation sought and generally obtained. The normal children are helped maintain this healthy, happy condition by the provision of gymnasiums and well equipped playgrounds under trained, interested supervision, attracting the children from the back yard, dusty street and gutter and giving them the individual attention each child requires.

Another department of childrens work which is winning success is that dealing with mental deficiency. It is realized that a great many children, due to some known or unknown cause, have not the mental ability of the average child of corresponding age. A child like this formerly dragged on and on in school, never any further ahead; his parents, misunderstanding him, took him out of school, and, if his mental ability were great enough, he was put to work at anything that could be found. What became of him, if his mental capacity were away below normal? His discouraged family sent him away to some small town, where he would not be known; he, finding himself absolutely neglected, drifted from bad to worse and finally disappeared. A great attempt is being made to teach these children useful trades whereby they can make their living and protect themselves to some extent from the outside world. Unfortunately, with all these late develop-

ments in the interest of children's health, there is now and always will be a certain number who are sick and delicate, or permanently deformed. It is therefore necessary that there be some place where sick children can be carefully looked after. What better place could there be than a good children's hospital? One perfectly equipped to treat sick children, built for them alone—every article placed there for their own special benefit. A shoe that is made to fit one foot is much more comfortable than one made to fit any of fifty feet. The same is true of a hospital. The Children's Memorial Hospital in Montreal is beautifully situated on the mountainside, completely surrounded by trees, away from the noise and dust of the city. From the outside it resembles an old castle. In the summertime it is almost completely covered with clinging green vines, which seem to make it a little cooler than the surrounding city. In the fall the vines turn from green into the most enchanting colours, again rivalling the surrounding scenery. In winter it is just a stately fortress guarded by tall, leafless trees.

It was in Nov., 1902, that the Children's Memorial Hospital was founded to perpetuate the memory of Queen Victoria and to treat and educate children then unprovided for. It was built first of all for those suffering from Tubercular disease of the bone, but necessity turned it into a general hospital for children.

At the time of the founding of this hospital, Montreal owned several excellent general hospitals. Why not send the crippled children to them for treatment, and in so doing reduce the number of charitable institutions of Montreal? Because, as I have said before, a children's hospital is built for the child. The treatment of a crippled child takes a long time, perhaps from three to four years, or even longer, and during this time education must be carried on. The Children's Memorial Hospital has provided for this. It educates the child as well as treating his disease, while he is convalescing in the hospital ward, a teacher visits him daily, giving him lessons according to his grade. If he is permanently crippled or is likely to have a long convalescence from some operation, he is sent home; but he attends daily the school for crippled children, which is situated beside the hospital. In this way the hospital keeps in close touch with the patient, too well to be in hospital but not well enough to be permanently discharged. The school is a very valuable aid to the child afflicted with paralysis. A great many such children must undergo a series of operations. Between these operations—an interval of six to twelve months—he is trained physically and mentally and is continually under the watchful eye of the surgeon.

The Children's Memorial Hospital accommodates from one hundred to one hundred and fifty children and treats both medical and surgical cases. One ward is devoted to the care of sick infants. There are a great many sun parlours and galleries, which encourage fresh air treatment and heliotherapy. On the grounds beside the hospital are large

tents, each accommodating from ten to twenty patients, with large open-air platforms surrounding these tents. The children's beds remain on the platforms day and night, the tent itself only being used for protection in stormy weather. The older children remain out all winter, no matter how cold the weather. I have always been glad that out of all the departments of nursing I chose that of nursing children. A sick child is indeed a very pitiful picture. He is absolutely helpless, entirely at the mercy of his nurse. To him bed is a most disagreeable place, and he cannot understand why he has been put there. It is hard enough to keep a child in bed a few weeks, but a great many children are kept there from two to three years. Three long years, and to one naturally active it is a trying ordeal. The children undergoing these long treatments seldom feel sick, and to look at their faces they do not appear sick, and yet they are far from well. How dull the world must be! But you never find them complaining; it isn't dull for them; it is the nurse who turns their dull world into one of action and interest. A great many people come to the nurse's assistance, for a children's hospital always has a great many friends, who think nothing of spending time and money to entertain these small patients. It is the nurse, however, who lives with the children day and night, and it is to her they look as to a mother.

It may be said that a child demands more patience than an adult. It may be hard to understand his little peculiarities, but it is just as hard for him to understand your actions. If you are good to him, patient with him, you have won his heart. If you fail to understand and lose your patience, he will always remember. If a child has confidence in you, he will do anything for you, if not, you have a hard patient to manage. To a nurse that loves children there could be no happier work than that of changing a sick, listless child into one bubbling over with fun and mischief, and to know deep down in your heart that she was chiefly responsible for the happy transformation.

M. DAVIDSON,
Children's Memorial Hospital, Montreal.

It is the greatest and dearest blessing that ever God gave to men, that they may repent; and therefore to deny or to delay it is to refuse health when brought by the skill of the physician—to refuse liberty offered to us by our gracious Lord.—BISHOP TAYLOR.

Be noble! And the nobleness that lies in other men, sleeping but never dead, will rise in majesty to meet thine own.—J. R. LOWELL.

Canadian Army Medical Nursing Service Department

The opening class in First Aid Instruction, undertaken by the Nursing Sisters' Club of Vancouver, to the Girl Guides, was held on Wednesday, March 19th, at Shaughnessy Hospital, in the Recreation Room. After an introductory address of welcome by Dr. Brown, Superintendent, short talks on deportment in the sick room and hygiene were given by Mrs. King Brown and Miss Lumsden. Afterwards the Guides were taken on a tour of inspection of the Hospital. Some 60 members enrolled for the first class.

The second quarterly meeting of the Nursing Sisters' Club, to be held on April 16th at Shaughnessy Hospital, will take the form of a Bridge and Mah Jongg evening.

Nursing Sister A. Worsey has recently joined the staff of Shaughnessy Hospital.

ONTARIO.

A delightful tea was given in honor of Miss Ridley at the Graduate Nurses' Club, Toronto. The guests were received by Miss Edith Campbell, formerly Matron of No. 1 Canadian General Hospital, and now head of the Royal Victorian Order of Nurses in Toronto. Among those there were Miss Cameron-Smith, N. S. Drysdale, N. S. Kennedy, N. S. Whitlam, N. S. Colbourne, Mrs. D. E. Robertson, N. S. Graham, Mrs. Fraser (N. S. McCullough), and many other former Nursing Sisters who were glad of the opportunity to welcome Miss Ridley to Toronto.

Nursing Sister Marion Wylie, of No. 7 Canadian General Hospital, has left the Kingston General Hospital, where she was Assistant Superintendent, and has taken a similar position in the General Hospital at Little Falls, N. Y.

N. S. Florence West, R.R.C., is with the School Hygiene Branch of the Department of Education, Regina, Sask.

Mrs. Harold Orr, (formerly N. S. Margaret West) is expected back from England this spring. Dr. Orr has been engaged in research work in London.

Mrs. Cumberlege (formerly N. S. Gillis, of No. 3 McGill General Hospital) is now living in London, England. N. S. Forgie, also of No. 3 General Hospital, visited her last year.

Mrs. Nesbit (formerly N. S. Constance Bruce, R.R.C.), who went overseas with the 1st Contingent, is now living in India, where her husband is on duty with the Royal Air Force.

Mrs. Ronaldson (formerly N. S. Hammel, R.R.C.), is living at Milton, Ont.

N. S. Emma Pense, R.R.C., of the P.A.M.C., paid a short visit to the East before Christmas.

Among the many married members of the old army fraternity in Toronto are the following: Mrs. Fraser (formerly N. S. Georgie McCullough), Mrs. Golden (N. S. Margaret Johnston), Mrs. McQueen (N. S. Scottie Ross), Mrs. Murray (N. S. Margaret Christie), Mrs. Robinson (N. S. Wood), Mrs. Hart (N. S. Katherine Creighton), Mrs. Miles (N. S. Hirsch), Mrs. Scott (N. S. Mildred Clarke), and Mrs. Hollis (N. S. Hambly).

MANITOBA.

A delightful tea and conversazionne was held in the Marleborough Hotel, Winnipeg, on February 20th, by the "Nursing Sisters' Club." Those contributing to the musical programme were: Miss M. Webb, Mrs. J. Marvel, Mrs. Hardyment, Miss Helen Webb, and Miss Helen Dojack. The guests were received by Mrs. A. D. McLeod, President, with Miss A. Andrew and Mrs. E. T. Petch. Spring flowers were the seasonable decorations. Those presiding over the teacups were Mrs. F. A. McNeill, Miss A. Ramsay, Mrs. R. F. Argue, and Miss A. C. Starr, the ices being cut by Mrs. G. W. Parker and Miss L. Gordon. Sixty-four nursing sisters were present from Winnipeg and vicinity, representatives from the C.A.M.C. Nursing Corps, Imperial Nursing Service and French Red Cross Nursing Service.

Miss Clare M. Latimer (St. Luke's Hospital, Ottawa), C.A.M.C.N.S., has been appointed Assistant Superintendent of the Ottawa branch of the Victorian Order of Nurses.

Work is the true friend and consoler of man, raises him above all his weaknesses, purifies and ennobles him, saves him from vulgar temptation, and helps him to bear his burden through days of sadness, and before it even the deepest griefs give way for a time.—M. CARO.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

Teaching Practical Nursing

By Ruth Kapitzky Daniels, R. N., Ann Arbor, Michigan

The teaching of practical nursing carries with it not only one of the greatest opportunities, but also one of the most important responsibilities to be found in the nursing profession. Any group, professional or otherwise, must depend upon its new recruits for its future well-being. The early impressions and training of these new members are potent factors in the determination of their professional attitude and education.

A nurse may possess great skill and nearly perfect technique, but without a basic knowledge of the principles and fundamentals underlying that technique, she is a mere automaton and in no sense possesses a professional education. Furthermore, for the nurse to be truly educated requires that she must have the spirit, perhaps best described as the "soul of nursing," which enables her to see in her patient not only a delicate and highly organized mechanism out of order, but a fellow human being in trouble as well. Unless these elements are presented to the student early in her career, it is most difficult for her to develop a professional consciousness later on. The practical nursing instructor, by the very nature and closeness of her association with the students from the moment of their entrance to the school, has a great opportunity to contribute through them to the progress of nursing education.

"Teaching Practical Nursing" is truly a pretentious title for such a modest paper, for it is intended only to include a discussion of several particular points, some of which have been suggested and all of which may well be a part of such a paper.

It is now a well established fact that demonstration is imperative in the proper teaching of nursing procedures. It has long been a known psychological truth that the memory for a word seen is ten times greater than for a word merely heard. This principle has been applied and is now commonly used in many forms of teaching. With the demonstration should go careful explanation of underlying principles and their application.

After the student has seen a demonstration there should be ample opportunity for her to practice the procedure under careful supervision, with sufficient repetitions to assure an understanding of details. This

requires both time and adequate practice rooms, two factors often lacking. Repetition in the class room makes not only for skill but for a clearer understanding of each procedure.

For any course the student should have some sort of text as a guide for study. Since, from the very nature of this subject, there is wide variance in details, it seems advisable that there be specific notes to supplement and correlate with the demonstrations. The exact text for each school must necessarily differ somewhat from those of other schools, since the equipment and routine treatments vary greatly in different hospitals. Therefore, it is difficult to find a text-book which is entirely applicable in a given school. Mimeographed or printed notes, compiled with a definite situation in mind, will perhaps best supply the need. Reference readings in at least one standard text-book will add emphasis and give the student a broader viewpoint.

In order to keep the work presented up to date with the progress being made in nursing and with the new discoveries in methods of treating disease, certain changes are likely to be necessary every year. These alterations can be provided for by the use of a certain number of blank pages, of like size and shape, on which the student may record additions and personal notations which may be of value to her. If the notes are separate mimeograph sheets, this may be easily arranged; if the notes have been bound, these blanks may readily be included.

The time and method of distribution of such notes allows of some discussion. If bound, they will surely have to be given to the students at one time, preferably the beginning of the course. This arrangement has the advantage of decreasing the chances of lost pages, and is a convenient and time-saving form for the instructor. The student's natural curiosity and tendency to "look ahead" in any book should serve to render her more familiar with the work. On the other hand there is a psychological element of anticipation in the giving out of notes only as demonstrations are presented, which is no doubt a wholesome one. Notes seen for the first time may elicit keener interest. Furthermore, in case the student leaves the school and returns her notes to the Instructor, there are fewer pages to be accounted for. If the piecemeal method of distribution is followed, the question arises as to whether this distribution should be made before or after the demonstration. Notes in hand will no doubt decrease the amount of the student's note-taking, so that her attention may be more fully given to the demonstration. However, there may be an inclination towards inattention, due to reading of these notes, unless time can be allowed for this purpose before the Instructor begins her class. This loss of time might be considered by some a disadvantage. The details of a plan of distribution can perhaps be determined most satisfactorily by the individual Instructor, covering the type and form of her notes, the class hours available and her students.

To raise any standard always requires a vision of possibilities and infinite patience, and the standard of nursing procedures is no exception. If we are to be continually progressing and using better and more efficient methods, the practical nursing class-room is the place where this progress must begin. In other words, the class-room sets the pace for the nursing procedures of the hospital, in the matter of equipment as well as technique. This does not imply a disregard of ward facilities or methods, but rather an effort to raise ward standards to those maintained in the class-room. Success will be more likely if there is free consultation and conference with those in charge of the wards, for their help and suggestions are often most valuable. By giving the probationer an ideal, one may hope in time for a permanent improvement in the wards.

It is generally agreed that there should be correlation of the class-room and the ward work. The ward is, in a sense, the student's laboratory, and her work there, throughout her entire course, should be supervised. In many schools, especially the larger ones, it is impossible for the practical nursing instructor to supervise on the wards efficiently owing to the lack of time. Assistant instructors or instructor-supervisors offer a solution. Student assistants for the probationers many times do splendid work, as well as derive excellent training from this experience. For supervision beyond this preliminary term, graduates are no doubt preferable in carrying on the work begun in the class-room. The instructor herself would do well to visit the wards as often as possible, not only for the student's benefit, but also for her own advantage. The precise amount of time which she can give will be determined by the size of the school, the number of classes admitted per year, and her activities in connection with her class work.

One of these activities, too often ignored, is actual scientific research work in connection with nursing procedures. There is frequently a tendency to make a bed in a set fashion because it has always been done so, regardless of the patient's comfort, the energy expended by the patient and nurse, the time consumed and the hospital material used. Time is wasted in teaching obsolete methods instead of perfecting the technique of newer treatments being required. In doing this work the instructor must be of a truly scientific mind, unprejudiced, alert, receptive and discriminating. Through research much may be accomplished for the future benefit of nursing.

The Rockefeller Educational Report calls to our attention the prodigality of non-educational routine performed at present by nurses. To minimize this waste requires intelligent and intensive study of the problem in each school. In many instances the solution is to be found only after considerable effort. The practical nursing instructor's interest and responsibility in nursing procedures on the wards make her directly concerned and well suited for active research work in solving this problem.

In conclusion, the points suggested may be summarized as follows:

1. The demonstration method in teaching practical nursing is essential.

2. Supervised repetition makes for skill and gives the student a firm foundation for future work.

3. Mimeographed or printed notes, in addition to text book references, are highly desirable. The method of distribution depends upon the immediate circumstances.

4. Provision for students' additional memoranda, to be included with their notes, will prove valuable.

5. Class-room standards must be high and exceed those of the wards, if necessary, to maintain a proper type of work.

6. Follow-up work is vital when regularly done by the instructor-supervisor with additional supervision by the instructor.

7. There is an urgent need of scientific research work in nursing procedures, and in determination of the amount of none-educational routine to be eliminated.

—*American Journal of Nursing.*

COURAGE

Say not the struggle naught availeth,
The labour and the wounds are vain,
The enemy faints not, nor faileth,
And as things have been they remain.

If hopes were dupes, fears may be liars;
It may be, in yon smoke concealed,
Your comrades chase e'en now the fliers,
And, but for you, possess the field.

For while the tired waves, vainly breaking,
Seem here no painful inch to gain,
Far back, through creeks and inlets making,
Comes silent, flooding in, the main.

And not by Eastern windows only,
When daylight comes, comes in the light,
In front the sun climbs slow, how slowly,
But westward, look, the land is bright.

Social Welfare. —Arthur Hugh Clough.

Hospitals and Nurses

NOVA SCOTIA

Registration in Nova Scotia was granted April, 1922.

The first certificate was issued April 28th, 1923. Miss Evaline M. Pemberton received No. 1 and Miss Catherine M. Graham No. 2 for the year September, 1922, to September, 1923, in accordance with the Association's resolution adopted in meeting of April 2nd, 1923.

Since April, 1923, four hundred and forty certificates have been issued, one hundred and eighty last year (September, 1922, to September, 1923), and two hundred and fifty this year (September, 1923, to September, 1924).

The revision of the by-laws has been one of the most important tasks of the past year and of this year, and the work is not yet completed, though the end is in view.

The establishment of an office with a paid Registrar and Treasurer has been accomplished.

Three local branches have been formed, the first for Cape Breton County, the second for Halifax County, and the third for the combined counties of Antigonish, Guysborough, Inverness, and Richmond.

Halifax G. N. A.

The annual meeting in Halifax of the Nova Scotia Graduate Nurses' Association, on August 8th, 1923, marked the parting of the ways of local branches from the Provincial. A pleasant sequel to the day's business was the annual dinner at the Carleton Hotel at 8 p.m. Dr. J. G. MacDougall, the guest of the evening, delighted his hearers with an informal talk on "Nursing Methods in Hospitals in South America," and the quaint ideas of the people regarding the nurses' status, Brazil being the Republic visited in July last by the American College of Surgeons, of which Dr. MacDougall of Halifax, was a member.

The following morning the Provincial Executive met for the first time; this Executive meets quarterly; the Halifax Local Branch meets monthly; as do the other branches already formed throughout the province.

At the second Provincial Executive Assembly on January 16th, members came from Glace Bay, C. B., Antigonish, Amherst, chiefly hospital superintendents. With a full attendance of Halifax members, an all-day session, except for lunch hour, gave time for the discussion and finishing of business of the necessarily lengthy programme.

A paper, "The Standardization of Hospital Training Schools," by Sister Ignatius, of St. Joseph's Hospital, Glace Bay, C. B., was of great interest and exhaustively discussed.

Various letters of the C.N.A.T.N. were talked over with keen interest, and replies drafted regarding conclusions from the Nova Scotian point of view.

This branch meets monthly at the Women's Council House, Young Avenue, Halifax. After the business of the evening has been concluded, there is usually a paper or talk on some subject of common interest, or something of an entertaining nature planned. Then, over the cups, a colloquial few minutes are spent. In this way the busy nurse meets her sister workers, which, perhaps, would happen in no other way. Little items of news, such as the following, are then passed on.

Miss Marion Murray, R.N., of Portland General Hospital, lately from the Harrington Hospital, Labrador, is at present with V.O.N. in Halifax, also Miss Edna Matheson, R.N., Graduate of Pembroke Ontario Hospital. Miss Gertrude Crosby, R.N., late of V.O.N. with Massachusetts-Halifax Health Commission, Health Centre No. 1, old Admiralty House), also Miss Marjorie Trefry, R.N., and Miss Edna Johns, R.N.

NEW BRUNSWICK

Chipman Memorial Hospital, St. Stephen

Miss Edna Rainnie was elected President of the Alumnae Association and Miss S. A. Sharp Secretary at their recent annual meeting.

* * * *

QUEBEC

Montreal.

The graduating exercises were held on March 6th, in the Nurses' Home. Sir Vincent Meredith, President of the Hospital, presided. F. A. C. Scrimger, V.C., M.D., gave the address to the graduating class, and Mrs. Scrimger presented the diplomas.

Miss Constance Brewster, of Brantford, Ont., was the recipient of a prize of $50.00, presented by the Alumnae Association to the nurse attaining highest marks in her final examinations.

Miss Frances Clarke, of the first division, and Miss Phyllis Cockburn, of the second division, also received, as prizes for general proficiency, a paid-up Sick Benefit Endowment in the Alumnae Association of the Hospital.

A fitting tribute to the memory of the late Dr. Garrow was the announcement of the presentation by the Class of 1924 of the sum of $100.00, to be used as a nucleus for the endowment of a Garrow Scholarship in the School for Graduate Nurses, McGill University. The gift is made by the class as an expression of "their affectionate remembrance of Dr. Garrow and their sincere gratitude for his unfailing kindness to them and to all Royal Victoria nurses."

The raising of further funds for the Scholarship will be undertaken by the Alumnae Association of the Hospital, which has placed as its objective the sum of $10,000.00.

Appointments recently made in the Rockefeller Institute, N.Y., include Miss Anna Sickson, and Miss Mary E. Black (R. V. H., 1918).

The annual dinner given by the Alumnae Association in honor of the graduating class was held on March 4th at the Ritz Carlton Hotel.

Covers were laid for over two hundred and the tables were bright with golden daffodils and large bows of purple ribbon.

The usual toasts were proposed: "The King," by Miss B. Guernsey; "The Governors," by Miss E. Reid; "The Doctors," by Miss C. Murray and Miss L. Scovil; "Our Guests," by Miss Hersey, and responded to by Miss R. Ackhurst, and "Absent Friends," by Miss A. G. Lawson.

Montreal General Hospital

(Correction of item in March issue)

Miss Annie Hogge (1923) has been taken on the staff as second Assistant Night Superintendent. Miss Preston (1923), who was first Assistant, has replaced Miss Calder, who has been for the past four years in charge of private ward H, and has now resigned to go to her home in Jamaica for six months or a year.

Jeffery Hales' Hospital, Quebec

Graduates and those connected with the Jeffrey Hale's Hospital will read with regret of the death of George Gunderson, who for 24 years was attached to that institution. He contracted pleuro-pheumonia on the 29th January, and despite all medical attention passed away on the 5th of February.

The graudating exercises of class 1923 were held at the annual Christmas tree festival on December 20th, 1923. The following nurses received their pins and diplomas: Miss Myrtle Smith, Gladys Waldron, Mildred Jack, Nellie Mackie, Dorris Jack, Daisy Sleeth and Bessie Richardson.

Miss F. Haliburton is at present in charge of the "Crane Sanitarium," Rutland, Mass., U. S. A. Miss N. Mackie (1923) has also accepted a position on the staff of the same institution. Misses Riddell and Catherine Mackenzie have accepted positions on the staff of the Ingall Memorial Hospital, Harvey, Ill., U. S. A.

ONTARIO

Toronto Western Hospital

A most successful and enjoyable dance was held at the King Edward Hotel, Toronto, on February 7th, when the Alumnae Association entertained their friends. The dance was held under the patronage of His Honor, the Lieutenant-Governor and Mrs. Cockshutt, the Premier of Ontario, Mrs. Ferguson and others. Over 400 guests enjoyed the hospitality of the association, and the Alumnae Association realized a substantial sum for their funds.

Kingston

Miss Aletia Whitty (K. G. H., 1920), has accepted the position of Assistant Superintendent of Hurley Hospital, Flint, Mich.

St. Michael's Hospital, Toronto

St. Michael's Hospital Alumnae Association held a bridge party in the Crystal ball-room at the King Edward Hotel, on January 26th, with Mrs. Jerry Shea, Convenor. First prizes were box seats at Shea's Vaudeville Theatre, donated by Mr. Shea. They also entertained at a social evening in February, when a most enjoyable evening was spent.

Sarnia.

A successful bridge and a dance, held respectively in November and February, brought quite goodly sums to the treasury of the Sarnia General Hospital Alumnae Association. The proceeds of the dance were for the furnishings of a room in the hospital.

Misses Margaret Conn and Edith Mills have accepted positions in the Henry Ford Hospital, Detroit.

London.

Officials of Victoria, St. Joseph's and Bethesda Hospitals are co-operating in the observance of Hospital Day, May 12th. They will invite everyone born in a hospital within 20 years to convene as one of the features of this celebration.

At a recent meeting of Public Health Nurses' Association, of which Miss Edythe Raymond is president, a most interesting address on "Motherhood" was given by Dr. Madge Macklin, of the University of Western Ontario.

Miss Elizabeth Smellie, Chief Superintendent of the Victorian Order of Nurses in Canada, addressed an interested audience, chiefly nurses, at the Institute of Public Health, recently. Miss Smellie came to London to assist in the first V. O. N. publicity week held here. Officers and members of the Board of Management were present during the entire exhibit ,when the work of the order was told by pictures and demonstration. The latter were under the supervision of Miss Symonds, the local superintendent. Practical talks to mothers, given by Miss Helen Campbell of the Government Dairy Department at Ottawa, were much appreciated.

Miss Alma C. Anderson has been appointed X-Ray technician at Victoria Hospital, taking the position vacated by Miss Vera Kennedy. She is a graduate of the Victoria Hospital.

* * * *

BRITISH COLUMBIA

St. Paul's Hospital, Vancouver

The graduation exercises of the 1924 class took place March 27th, 1924, at Lester Court, Vancouver, when the following nurses received diplomas and pins: Misses M. M. McMahon, E. M. Carney, A. R. Wilson, L. R. Sproule, E. M. Carlin, E. E. Cook, M. B. Austin, A. A. M. Johnston, I. Macdonald, F. McGuire, A. R. Hamilton, J. A. Pleau, R. H. M. Arcand, L. J. Degnen, G. M. Choquette, L. Robertson, F. Dobson, K. Stirk, E. M. Faulkner, A. Dalton, R. MacDonald, L. Boult, K. G. Trainor, A. M. Burritt, D. Coggins. Class Motto, Loyalty First.

VICTORIA

The Graduate Nurses' Association held their monthly meeting at the V. O. N. Home, Collinson street. The treasurer read the report of the rummage sale, bridge, and Mah Jongg tea, the proceeds of which made up the balance for re-furnishing our memorial room in the new Jubilee Hospital. The cheque, amounting to $376.88, was sent, which, with the credit allowed for previous furnishings of $123.12, made up a total of $500.00. A committee for the programme and entertainment of the Provincial G. N. A. at the annual meeting in Victoria on April 21st and 22nd was appointed. Dr. Irene B. Hudson gave an interesting lecture on Obstetrics.

A most successful dance in aid of the Sick Benefit Fund of the Vancouver General Hospital was held March 8th, when a substantial sum was raised.

ROYAL JUBILEE HOSPITAL, VICTORIA

During the last year the Alumnae Association had a very busy time. They realized about $600 from their sale of work, dances, rummage and home-cooking sales. The social meetings were held each month and were well attended. A strong attempt is being made to get each graduate of the P.R.J.H. to become a member.

BIRTHS

McNevin—Recently, to Dr. and Mrs. Frank McNevin (Kathleen McNevin, St. Michael's Hospital, Toronto), a daughter.

Muir—At Port Arthur, Ont., on November 3rd, 1923, to Mr. and Mrs. Muir, (Margaret McDonald, McKellar General Hospital), a son.

Pritchard—At Fort William, Ont., on February 5th, 1924, to Mr. and Mrs. David Pritchard (Grace Woodside, McKellar General Hospital), a son.

Shanahan—Recently, to Mr. and Mrs. Leo Shanahan (Louise Rainville, St. Michael's Hospital, Toronto), a son.

Sullivan—At Toronto, recently, to Dr. and Mrs. Charles Sullivan (Marie Barry, St. Michael's Hospital, Toronto), a son.

Smith—At Brampton, Ont., on March 4th, 1924, to Dr. and Mrs. W. J. Smith (Mae Rogers, Women's College Hospital, Toronto, 1921), a son.

Wishart—At Fort William, Ont., on December 4th, 1923, to Mr. and Mrs. J. Wishart (Christine McGregor, McKellar General Hospital), a son.

MARRIAGES

Ferguson-Watson—On January 12th, 1924, Winnifred Watson, of Bryden, Ont. (Sarnia General Hospital, 1920), to Mr. Ferguson, of Sandwich, Ont.

Jackson-Mackenzie—At Guelph, Ont., on February 9th, 1924, Margaret Mackenzie (Jeffrey Hale's Hospital, Quebec), to Mr. Douglas Jackson, of Quebec.

LePatourel-Davison—At St. George's Church, Vancouver, B. C., on March 6th, 1924, Elizabeth D. Davison (St. Paul's Hospital, Vancouver, B. C.), to Mr. Herbert C. LePatourel, of Vancouver.

Lowrie-Carroll—In Toronto, recently, Eva Carroll (St. Michael's Hospital, Toronto, 1919), to Dr. Howard Lowrie.

Murphy-Curts—In June, 1923, Myrtle Curts, of Parksville, Ont. (Sarnia General Hospital, 1916), to Mr. Harold Murphy, of Cass City, Mich.

Sloan-Donnelly—At St. Luke's Church, Winnipeg, Man., on January 21st, 1924, Matilda Donnelly, R.N. (Orillia General Hospital, 1916), to Mr. Norman R. Sloan, of Landis, Sask. Mr. and Mrs. Sloan will reside in Landis, Sask.

Whittall-Clayton—At the Church of St. James the Apostle, on January 21st, 1924, Mrs. Nellie Clayton (Montreal General Hospital) to Mr. A. R. Whittall, of Montreal.

Woods-Young—Recently, Carolina Young, of Brantford, Ont. (Sarnia General Hospital, 1919), to Mr. Ernest Woods, of Cass City, Mich.

DEATHS

Banting—At the Sarnia General Hospital, on March 3rd, 1924, after a lingering illness, Vina Banting, of Ailsa Craig (Sarnia General Hospital, 1922).

Hume—At Ponta, Florida, on March 3rd, 1924, from meningitis, following a nasal operation, Miss ——— Hume (Toronto Western Hospital, 1920). Funeral from her parents' home in Milton, Ont.

McLennon—At her home at Ochre River, Ont., on February 20th, 1924, Lilla McLennon, wife of Dr. McLennon (Lilla Wilson, Kingston General Hospital, 1919). Interment at Hillier, Ont.

DOWN BY THE SEASIDE

The soft, low twittering of little birds?
No, not here.
Whispering zephyrs in the aspen trees?
Aye, somewhere.
The perfumed breath of flowers still asleep?
Oh, no, no.
The drowsy noises in the cattle shed?
No, not so.
But the dull murmur of the restless sea
Comes, with the scent of sea-weed up to me.
The sound of waking wavelets on the shore,
Borne by the rising wind when night is o'er,
A wan pale glow to eastward, sky and sea
Brightening to living gold mysteriously,
A weird, half-human melancholy sound,
From sea-gulls wheeling o'er the fishing ground,
Where fish boats, darkly moving to and fro,
Are caught and gilded in the golden glow.
A rhythmic beat, which to the senses comes,
Tells me the fishermen are rowing home.
The wearied night goes softly to her rest.
Dawn—and here's the lamp re-lit within my breast.

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Preference will be given to applications from nurses already within the order until April 15th. Other applications will be held in reserve until after that date; these should be made, preferably in person, to the Local Superintendents of the Order or to the Chief Superintendent, 426 Jackson Building, Ottawa, Ont.

All nurses applying for scholarships should at the same time make application to the Directors of the courses in Public Health Nursing at any of the following Universities: Dalhousie, Halifax; McGill, Montreal; University of Toronto, Toronto; Western, London; British Columbia, Vancouver, for further information.

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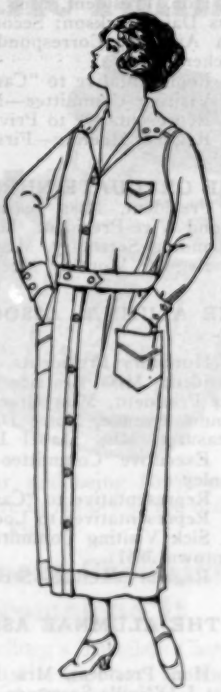

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Regular Meetings, First Friday of each month at 8 p.m.

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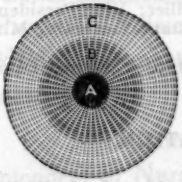

Diagram represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine, whose liquid contents, therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis. In zone "A" there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The line of least resistance for the liquid exudate is therefore, in the direction of the Antiphlogistine. In obedience to the same law exosmosis is going on in this zone, and the excess of moisture is thus accounted for.

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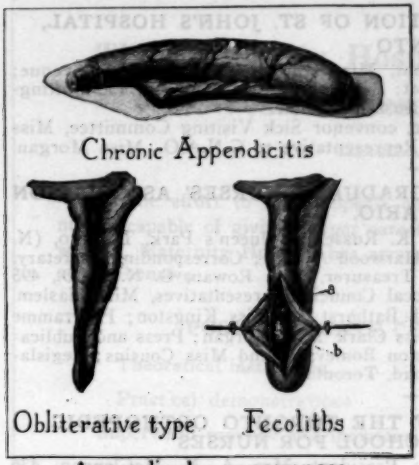
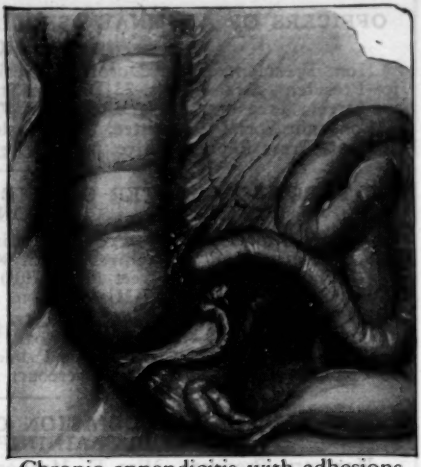


Appendicular appearances



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Meetings held at the Nurses' Residence, first Tuesday.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHARINES, ONT.

Honorary President, Miss L. Uren, C. and M. Hospital, St. Catharines; President, Mrs. Parnell, 124 Lake Street, St. Catharines, Ont.; Vice-President, Miss Marriott, Berryman Avenue; Secretary, Miss E. Rawlings, G. and M. Hospital; Treasurer, Mrs. W. Durham, R.R. No. 4; Auditors, Miss A. Calvin and Miss F. L. Cowley.

"Canadian Nurse" Magazine Representative—Miss E. M. Armbrust.

Programme Committee—Misses A. Moyer, M. Stevens, F. Cowley, A. Calvin, B. Kennedy, and Mrs. Leo Brett.

Regular Meeting—Last Tuesday, 2.30 p.m.

THE ALUMNAE ASSOCIATION OF THE AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONTARIO

Hon. President, Miss L. Weldon; Hon. Vice-President, Miss L. Armstrong; President, Miss L. Crane; Vice-President, Miss Y. Birt; Secretary, Miss L. Parker; Treasurer, Mrs. R. W. Stevenson.

Executive Committee—Misses Vollett, Bennett, Bell, Grant and Coulthard.

Representative to "Canadian Nurse"—Miss H. Hastings.

SARNIA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss K. Scott, Superintendent S.G.H.; President, Miss M. Lee; Secretary, Mrs. H. Shanks, London Road, Sarnia; Treasurer, Miss Noble; Correspondent for "Canadian Nurse," Miss J. B. Taylor, R.R. No. 2, Camlachie, Ont.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, CHATHAM, ONTARIO

Honorary President, Sister M. Baptist; Honorary Director, Sister M. Paschal; President, Miss Hazel Gray; Vice-President, Miss F. Richardson; Secretary, Miss U. Gormly, Wallaceburg, Ont.; Treasurer, Miss Delorme, Chatham.

Representative to "Canadian Nurse" Magazine—Miss Anna Curry.

Sick-Visiting Committee—Mrs. Patterson, Misses McIlgargey and E. Mann.

Regular Meeting—First Monday of each month.

THE THUNDER BAY GRADUATE NURSES' ASSOCIATION, FORT WILLIAM AND PORT ARTHUR, ONT.

Hon. President, Mrs. J. E. Cook; Hon. Member, Sister Francis; President, Miss M. Milne, Port Arthur; Hon. Vice-President, Mrs. B. M. Harvey; 1st Vice-President, Miss S. M. McDougall, Port Arthur; 2nd Vice-President, Mrs. W. J. Sterrett, Port Arthur; 3rd Vice-President, Mrs. Hancock, Fort William; Secretary, Miss Eva Hubman, Fort William; Treasurer, Miss T. E. Gerry, Fort William.

Social Committee—Mrs. O'Leary, Mrs. W. Young, Misses Saunders and Wocker.

Visiting and Flowers Committee—Mrs. Wark, Mrs. Morton, Mrs. Edwards, Mrs. Millar and Miss Forbes.

Private Duty—Miss Fortune, Miss C. M. McLeod.

Membership Committee—Miss McDougall, Mrs. Wark, Miss Saunders, Mrs. Millar.

"Canadian Nurse" Representatives—Mrs. McCallum, Port Arthur; Mrs. Edwards, Fort William.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss Frances Sharpe; President, Miss Gladys Mill, R.N.; Vice-President, Miss Winnifred Higgins, R.N.; Recording Secretary, Miss M. H. Mackay, R.N.; Assistant Secretary, Miss Annie Hill, R.N.; Corresponding Secretary, Miss Gladys Jefferson, R.N.; Treasurer, Miss Evelyn Pears, R.N.

Regular Monthly Meeting—Second Monday, 8 p.m.

THE ALUMNAE ASSOCIATION OF ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Honorary President, Miss Eleanor Johnston, R.N., O.S.M.H.; President, Miss S. V. McKenzie, R.N., Orillia; First Vice-President, Miss M. Harvie, R.N., O.S.M.H.; Second Vice-President, Miss M. Glennie, R.N., Orillia; Secretary-Treasurer, Miss G. Went, R.N., Orillia; Recording Secretary, Miss M. Dundas, R.N., O.S.M.H.

Directors—Miss Glennie, R.N.; Miss Gray, R.N.; Miss Mae Lelland, R.N.

Visiting Committee—Miss G. Dridenhoffer, R.N.; Miss Garvey, R.N.; Miss Harvie, R.N.

Programme Committee—Miss Newton, R.N.; Miss Hart, R.N.; Miss Towle, R.N.

Regular Meeting—First Thursday in each month.

THE SAULT STE. MARIE GENERAL HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Rev. Sister M. Dorothea; President, Miss M. Delaney; First Vice-President, Mrs. J. O. Driscoll; Second Vice-President, Miss S. Kehoe; Secretary-Treasurer, Miss Mae Marshall, General Hospital, Sault Ste. Marie, Ontario.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA

Honorary President, Sister Gallant, St. Boniface Hospital; Honorary Vice-President, Sister Lettellier, St. Boniface Hospital; President, Miss Alice Chafe, Deer Lodge Convalescent Hospital; second Vice-President, Mrs. A. D. McLeod, Deer Lodge Convalescent Home; Secretary, Miss L. McEwan, 277 Toronto St., Winnipeg; Secretary, Miss Stella Gordon, 251 Stradbrooke St.; Treasurer, Miss Theresa O'Rourke, 119 Donald St.

Convenor of Social Committee—Mrs. W. G. Montgomery, 14 Congress Apts.

Convenor of Refreshment Committee—Miss B. Foster, c-o McLean-Gunn Clinic.

Convenor of Sick Visiting Committee—Miss A. Bresman, 753 Wolseley Ave.

Representative to Press—Miss J. McDonald, 753 Wolseley Ave.

Representative to Nurses' Directory—Miss A. C. Starr.

THE MANITOBA ASSOCIATION OF GRADUATE NURSES

President, Miss Elsie Wilson, 798 Grosvenor Avenue, Winnipeg; First Vice-President, Miss Mary Marton, Winnipeg General Hospital; Second Vice-President, Mrs. Darragh, Brandon; Third Vice-President, Rev. Sister Gallant; Treasurer, Miss Wilkins, St. Boniface Hospital, 753 Wolseley Ave.; Recording Secretary, Miss Elizabeth Carruthers, 753 Wolseley Ave.; Corresponding Secretary, Miss Stella M. Gordon, 251 Stradbrooke Ave., Winnipeg.

THE GRADUATE NURSES' ASSOCIATION OF BRANDON

Honorary President, Miss E. Birtles, Alexander, Man.; President, Mrs. Pierce, 1608 Lorne Avenue, Brandon; Vice-President, Miss M. Gemmill, 16th Street, Brandon; Secretary, Miss K. Finlayson, R.N., General Hospital, Brandon; Treasurer, Miss Lamb, R.N., Bigelow Clinic, Brandon.

Sick Visitor—Mrs. Kidd, Imperial Apartments, Brandon.

Registry and Eligibility Committee—Convenor, Miss C. McLeod, R.N., Hospital.

Social Committee—Convenor, Miss J. Stothart.

Press Representative—Mrs. Robert Darrach, 431 Victoria Avenue.

THE GRADUATE NURSES' ASSOCIATION OF MOOSE JAW, SASK.

Honorary Advisory President, Mrs. Harwood, 430 Athabaska W.; Honorary President, Mrs. Humber, 662 Stadacona W.; President, Miss H. Riddell, 813 Second N.E.; 1st Vice-President, Miss Eisele, Superintendent General Hospital; 2nd Vice-President, Miss Shepherd, York Hospital; Secretary-Treasurer, Miss C. M. Kier, Y.W.C.A.; Press Representative, Mrs. Lydiard, 329 Third N.E.; Social Service Committee, Mrs. Hedley, 1155 Grafton; Convenor Finance Committee, Miss Lind. 176 Hochelaga W.; Convenor Educational Committee, Mrs. Metcalf, 37 Hochelaga W.; Convenor Social Committee, Miss Clarke, General Hospital; Convenor Registration Committee, Miss L. Wilson, 1159 Alder Avenue; Convenor of Constitution and By-laws Committee, Miss Hunter, Cottage Hospital.

SASKATCHEWAN REGISTERED NURSES' ASSOCIATION

Incorporated March, 1917

President, Miss R. M. Simpson, Department of Education, Regina; First Vice-President, Miss E. Eisele, General Hospital, Moose Jaw; Second Vice-President, Sister Mayer, St. Paul's Hospital, Saskatoon; Secretary-Treasurer, Miss Mabel F. Gray, 2331 Victoria Avenue, Regina.

Councillors—Miss M. Montgomery, Sanitarium, Fort Qu'Appelle; Mrs. Feeney, School Hygiene Staff, Yorkton.

MEDICINE HAT GRADUATE NURSES' ASSOCIATION

President, Miss E. M. Auger, General Hospital; First Vice-President, Mrs. John Hill, 268—8th St., S.E.; Second Vice-President, Mrs. F. W. Gershaw, 826—2nd St., S.E.; Treasurer, Miss A. L. MacPherson, General Hospital; Secretary, Miss E. G. McNally, General Hospital.

Executive Committee—Mrs. H. C. Dixon, 816—2nd St., S.E.; Mrs. R. Hayward, 241—3rd St., S.E.; Miss A. Nash, Isolation Hospital.

Flower Committee—Mrs. C. A. Anderson, 335—1st St., S.E.

"Canadian Nurse" Correspondent—Miss M. Davidson, 27—4th St., S.W.

"Canadian Nurse" Representatives—Mrs. R. Hayward, 241—3rd St., S.E.; Miss E. G. McNally, General Hospital.

Regular Meeting—First Monday in each month.

CALGARY ASSOCIATION OF GRADUATE NURSES

Honorary President, Mrs. Stuart Brown, 2417—14th Ave., W.; President, Mrs. A. H. Calder, 510—10th St., W.; First Vice-President, Miss Dewar, 326—18th Ave., W.; Second Vice-President, Miss Willison; Recording Secretary, Miss Fraser; Corresponding Secretary, Miss Olin, 2012 Second St., W.; Treasurer, Miss N. B. D. Hendrie, 811 Nineteenth Ave., W.; Registrar, Miss M. E. Cooper, 1412 First St., W.

Delegates to L.C.W.—Mrs. R. P. Stuart, Miss Agnes Kelly, and Miss Dewar.

Sick Committee—Misses Ashe and Ballard.

Finance Committee—Misses Agnes Kelly and Maclear.

Books Committee—Misses Quance and McLear.

Entertainment Committee—Miss Cooper.

Committee for "Canadian Nurse" Magazine Subscriptions—Misses Cooper and Phillips.